

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 8:00 am
Secretary of State
 04-20-2001 90308 023 ****61.25

DOCUMENT # N96000005853

1. Entity Name

SOUTH FLORIDA ANNENBERG CHALLENGE, INC.

Principal Place of Business

1 E BROWARD BLVD
 SUITE 1300
 FORT LAUDERDALE FL 33301

Mailing Address

1 E BROWARD BLVD
 SUITE 1300
 FORT LAUDERDALE FL 33301

2. Principal Place of Business

150 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite 404

City & State

Miami, Florida

Zip

33131

Country

USA

3. Mailing Address

150 S.E. 2nd Avenue

Suite, Apt. #, etc.

Suite 404

City & State

Miami, Florida

Zip

33131

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0720741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, MICHAEL J
 222 SE 10TH ST
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **LIFTIN, ELAINE**
 STREET ADDRESS **ONE E. BROWARD BLVD., #1300**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **DS** ☒ Delete
 NAME **RIEDEL, MARY**
 STREET ADDRESS **200 E. LAS OLAS BLVD.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **D** ☒ Delete
 NAME **COBB, CHARLES E JR**
 STREET ADDRESS **2333 PONCE DE LEON BLVD., PH 1100**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE **TD** ☐ Delete
 NAME **VIROSTER, GWYNN**
 STREET ADDRESS **2601 10TH AVE N**
 CITY-ST-ZIP **LAKE WORTH FL 33461**

TITLE **D** ☐ Delete
 NAME **ARRIZURIETA, JORGE L**
 STREET ADDRESS **450 E. LAS OLAS BLVD. 15TH FL.**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

TITLE **CD** ☐ Delete
 NAME **MILLER, LEONARD**
 STREET ADDRESS **700 N.W. 107TH AVENUE, STE. 400**
 CITY-ST-ZIP **MIAMI FL 33172**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael Robbins

Chief Financial Officer 4/14/01

954-467-3100

CR2E037 (10/00)